

Medical Health Care Standards

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90 Infection control program

New Standard



“Why do we need this?

After all, these are assisted living facilities
and not nursing facilities!”

90 Infection control program (2)



A. Designed and maintained:

- to provide a safe, sanitary, and comfortable environment
- to prevent the development and transmission of disease and infection

B. Shall include all employees and services and the entire physical plant and grounds

90 Infection control program (3)



C. The infection control program addressing the surveillance, prevention and control of infections shall include:

1. Establishing procedures to isolate the infecting organism;
2. Providing easy access to handwashing equipment for all employees and volunteers;



90 Infection control program (4)

- C.3. Training for and supervisory monitoring of all employees and volunteers in proper handwashing techniques, according to accepted professional standards, to prevent cross contamination;
- 4. Training for all employees and volunteers in appropriate implementation of standard precautions;



90 Infection control program (5)

C.5. Prohibiting employees and volunteers with communicable diseases or infections from direct contact with residents or their food, if direct contact may transmit disease;



6. Monitoring employees' and volunteers' performance of infection control practices;

90 Infection control program (6)

- C.7. Handling, storing, processing and transporting linens, supplies and equipment in a manner that prevents the spread of infection;
- 8. Handling, storing, processing and transporting medical waste in accordance with applicable regulations;



90 Infection control program (7)

C.9. Maintaining an effective pest control program; and



10. Providing employee and volunteer education regarding infection risk-reduction behavior.



90 Infection control program (8)

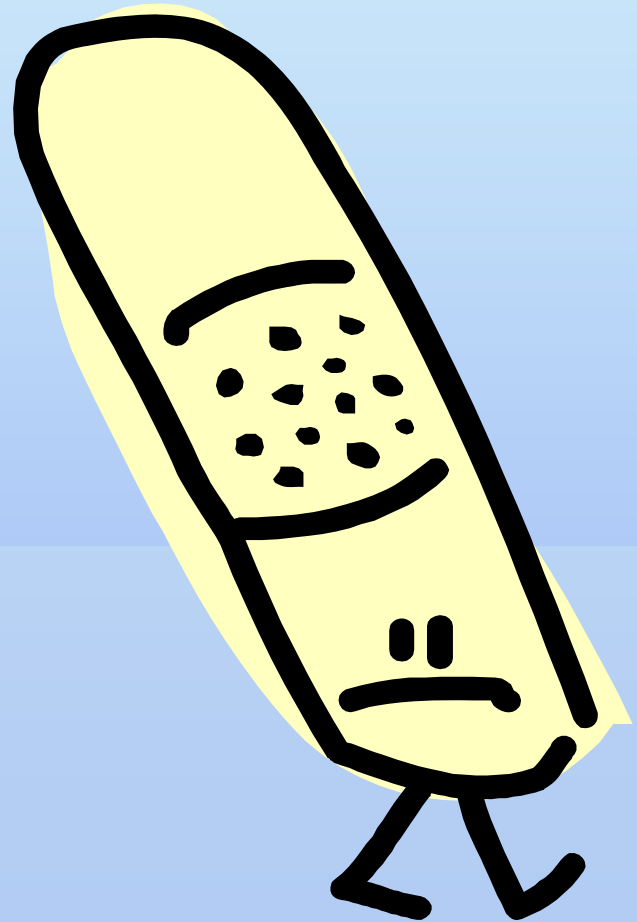
D. The methods utilized for infection control shall be described in a written document that shall be available to all staff.



300 First aid and CPR certification

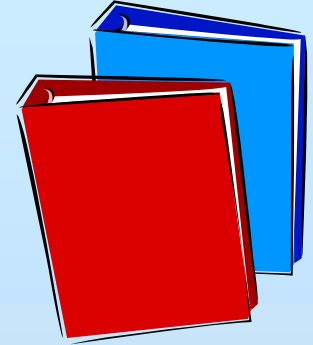
Changes:

- Approved curricula
- A clarification
- One deletion



STAFFING AND SUPERVISION

320 Staffing



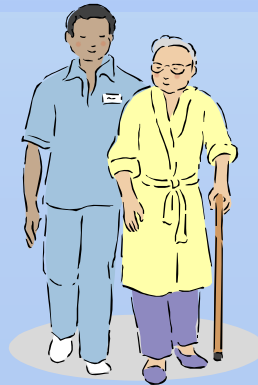
NEW STANDARD

B. The assisted living facility shall maintain a written plan that specifies the number and type of direct care staff required to meet the day-to-day, routine direct care needs and any identified special needs for the residents in care. This plan will not be fee-based but shall be directly related to actual resident acuity levels and individualized care needs.

320 Staffing (2)

CHANGE

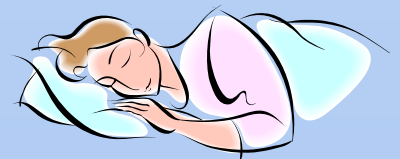
C. There shall be an adequate number of staff persons on the premises at all times to implement the approved fire **and emergency evacuation** plan.



320 Staffing (3)

D. There shall be at least one direct care staff member awake and on duty at all times in each building when at least one resident is present.

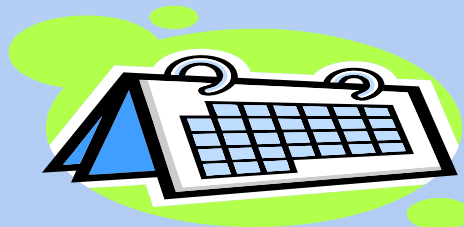
EXCEPTION: In buildings that house 19 or fewer residents, the staff member on duty does not have to be awake during the night if none of the residents requires a staff member awake and on duty at night.



320 Staffing (4)

NEW STANDARD

E. Written work schedules shall be maintained and shall indicate the names and job classifications of all staff working each shift. Schedules shall indicate absences and substitutions. Schedules shall be retained for at least two years.



330 Communication among staff

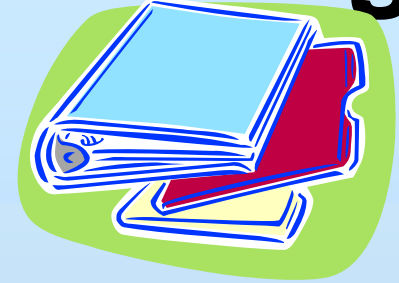


NEW STANDARD

A. Procedures shall be established for communication among administrators, designated assistant administrators, managers, and designated staff persons in charge, as applicable to a facility, to ensure stable operations and sound transitions.



330 Communication among staff (2)



CHANGE

B. A method of written communication shall be utilized as a means of keeping direct care staff on all shifts informed of significant happenings or problems experienced by residents, including **complaints, incidents or injuries related to physical or mental conditions. A record shall be kept of the written communication for at least the past two years.**



ADMISSION, RETENTION AND DISCHARGE OF RESIDENTS

350 Physical examination and report



CHANGE

A. A person shall have a physical examination... including screening for tuberculosis... The report... shall contain the following:

8. **Results of a risk assessment documenting the absence of tuberculosis in a communicable form as evidenced by the completion of the current screening form published by the Virginia Department of Health or a form consistent with it;**

350 Physical examination and report (2)

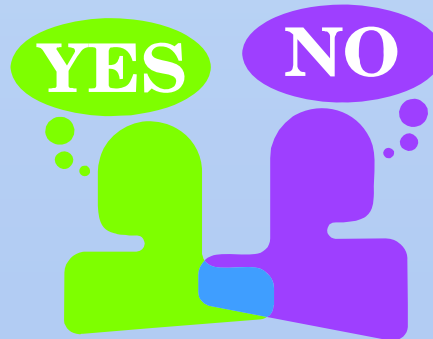


C. Subsequent tuberculosis evaluations.

1. A **risk assessment for tuberculosis shall be completed annually on each resident** as evidenced by the completion of the current screening form published by the Virginia Department of Health or a form consistent with it.
2. Any resident who comes in contact with a known case of infectious tuberculosis shall be screened **as deemed appropriate in consultation with the local health department.**
3. Any resident who develops respiratory symptoms of three or more weeks duration **with no medical explanation shall be referred for evaluation for the presence of infectious tuberculosis.**
4. If a resident develops an active case of tuberculosis, the facility shall report this information to the local health department.

350 Physical examination and report (3)

D. As necessary to determine whether a resident's needs can continue to be met in the assisted living facility, the department may request a current physical examination or psychiatric evaluation, including diagnosis and assessments.



RESIDENT CARE AND RELATED SERVICES

460 Health care services

NEW STANDARD

C. Services shall be provided to prevent clinically avoidable complications, including, but not limited to:

1. **Pressure ulcer development or worsening of an ulcer;**
2. **Contracture;**
3. **Loss of continence;**
4. **Dehydration; and**
5. **Malnutrition.**



460 Health care services (2)

NEW STANDARDS

D. When care for gastric tubes is provided to the resident by unlicensed direct care facility staff as allowed in 22 VAC 40-72-340 J (ii), the following criteria shall be met:




460 Health care services (3a)

E. When the resident suffers serious accident, injury, illness, or medical condition, or there is reason to suspect that such has occurred, medical attention from a licensed health care professional shall be secured immediately. **The circumstances involved and the medical attention received shall be documented in the resident's record. The date and times of occurrence, as well as the personnel involved shall be included in the documentation.**



460 Health care services (3b)



E.1. The resident's physician (if not already involved), next of kin, legal representative, designated contact person, case manager, and any responsible social agency, as appropriate, shall be notified as soon as possible but at least within 24 hours of the situation and action taken.

2. A notation shall be made in the resident's record of such notice, including the date, time, caller and person notified.

460 Health care services (4)

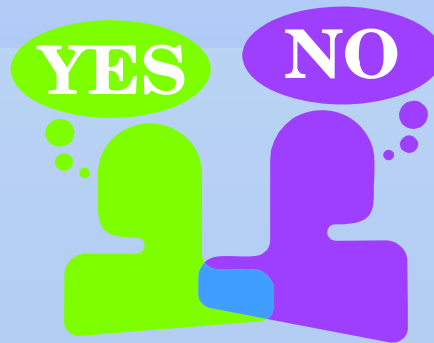


NEW STANDARD

F. If a resident refuses medical attention, the facility shall notify the resident's physician immediately, and next of kin, legal representative, designated contact person, case manager, and any responsible social agency, as appropriate, as soon as possible but at least within 24 hours. A notation shall be made in the resident's record of such refusal and notification, including the date, time, caller and person notified.

460 Health care services (5)

G. If a resident refuses medical attention, the facility shall assess whether it can continue to meet the resident's needs.



480 Health care oversight



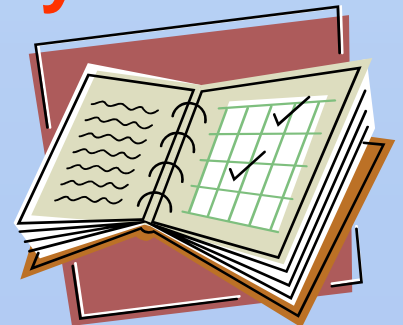
A. Each assisted living facility shall retain a licensed health care professional who has at least two years of experience as a health care professional, in an adult residential facility, adult day care center, acute care facility, nursing home, or licensed home care or hospice organization, either by direct employment or on a contractual basis, to provide health care oversight.

480 Health care oversight (2)

A.1. For residents who meet the criteria for **residential living care**, the licensed health care professional, acting within the scope of the requirements of his profession, shall be **on-site at least every six months and more often if indicated, based on his professional judgment of the seriousness of a resident's needs or the stability of a resident's condition.**

480 Health care oversight (3)

A.2. For residents who meet the criteria for **assisted living care**, the licensed health care professional, acting within the scope of the requirements of his profession, shall be **on-site at least every three months and more often if indicated, based on his professional judgment of the seriousness of a resident's needs or the stability of a resident's condition.**



480 Health care oversight (4)

B. While on-site, as specified in subsection A of this section, the licensed health care professional shall:

1. Recommend in writing changes to a resident's service plan if the plan does not appropriately address the current health care needs of the resident.
2. Monitor direct care staff performance of health-related activities.

480 Health care oversight (5)

- 3. Advise the administrator of the need for staff training as necessary.**
- 4. Provide consultation and technical assistance to staff as needed.**
- 5. Observe residents for whom the assisted living facility is receiving reimbursement from the Department of Medical Assistance Services for intensive assisted living services and recommend in writing any needed changes in the care provided or in the resident's service plan.**

480 Health care oversight (6)

- 6. Review documentation regarding health care services, including medication and treatment records to assess that services are being provided in accordance with physicians' or other prescribers' orders, and keep the administrator appropriately informed.**
- 7. Monitor conformance to the facility's medication management plan and the maintenance of required medication reference materials, and advise the administrator of any concerns.**

480 Health care oversight (7)

- 8. Monitor infection control measures and advise the administrator of any concerns.**
- 9. Review the current condition and the records of restrained residents to assess the appropriateness of the restraint and progress toward its reduction or elimination, and advise the administrator of any concerns.**

480 Health care oversight (6)

10. Certify in writing that the requirements of 22 VAC 40-72-480 B 1-9 were met, including the date(s) the health care oversight was provided. **The certification shall be provided to the facility within 10 days of the completion of the oversight and maintained in the facility files for at least two years.**

580 Food service and nutrition

CHANGE

B. All meals shall be served in the dining area as designated by the facility, **except** ...

1. If the **facility**, through its policies and procedures, **offers routine or regular room service**, residents shall be given the **option of having meals in the dining area or in their rooms**, provided that:

a. There is a **written agreement** to this effect, **signed and dated by both the resident and the licensee or administrator**, and filed in the resident's record.



580 Food service and nutrition (2)

NEW STANDARD

B.1.b. If a resident's individualized service plan, physical examination report, mental health status report or any other document indicates that the resident has a psychiatric condition that contributes to self-isolation, a qualified mental health professional shall make a determination in writing whether the person should have the option of having meals in his room. If the determination is made that the resident should not have this option, then the resident shall have his meals in the dining area.

580 Food service and nutrition

(3)

B. 2. Under special circumstances, such as temporary illness, temporary incapacity, temporary agitation of a resident with serious cognitive impairment, or occasional, infrequent requests due to a resident's personal preference, meals may be served in a resident's room. Documentation in the resident's file will reflect these circumstances...

580 Food service and nutrition (4)

NEW STANDARD

E. A minimum of 30 minutes shall be allowed for each resident to complete a meal. If a resident has been assessed on the UAI as dependent in eating/feeding, his individualized service plan shall indicate an approximate amount of time needed for meals to ensure needs are met.

580 Food service and nutrition (5)

NEW STANDARD

F. Facilities shall develop and implement a policy to monitor each resident's food consumption for:

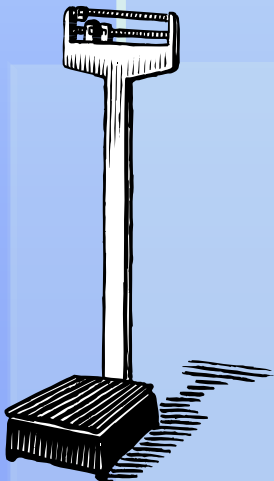
- 1. Warning signs of changes in physical or mental status related to nutrition; and**
- 2. Compliance with any needs determined by the individualized service plan or prescribed by a physician, nutritionist or health care professional.**

580 Food service and nutrition (6a)

NEW STANDARD

G. Facilities shall implement interventions **as soon as a nutritional problem is suspected. These interventions shall include, but are not limited to the following:**

- 1. **Weighing residents** at least monthly to determine whether the resident has significant weight loss (5.0% weight loss in one month, 7.5% in three months, or 10% in six months); and**



580 Food service and nutrition (6b)

G.2. Notifying the attending physician if a significant weight loss is identified in any resident who is not on a physician-approved weight reduction program, and obtain, document and follow the physician's instructions regarding nutritional care.



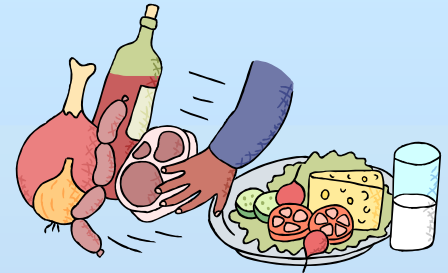
600 Time interval between meals



NEW STANDARD

C. When multiple seatings are required due to limited dining space, scheduling shall ensure that these time intervals are met for all residents. Schedules shall be made available to residents, legal representatives, staff, volunteers and any other persons responsible for assisting residents in the dining process.

610 Number of meals



CHANGE

A. At least three well-balanced meals, served at regular intervals, shall be provided daily to each resident, **unless contraindicated as documented by the attending physician in the resident's record or as provided for in 22 VAC 40-72-580 C.**

610 Number of meals (2)

CHANGE

B. Bedtime and **between meal** snacks shall be made available for all residents desiring them, or in accordance with their physician's or other prescriber's orders.

1. **Appropriate adjustments in the provision of snacks to a resident shall be made when there are orders, from the resident's physician or other prescriber, in the resident's record limiting the receipt or type of snacks.**
2. Vending machines shall not be used as the only source for snacks.

620 Menus for meals and snacks

CHANGES

- B. Menus **for meals and snacks** for the current week shall be dated and posted in an area conspicuous to residents.
- C. Any menu substitutions or additions shall be recorded **on the posted menu**.
- D. A record shall be kept of the menus served for **two years**.

620 Menus for meals and snacks (2)

CHANGE

E. Minimum daily menu.

1. Unless otherwise ordered in writing by the resident's physician or other prescriber, the daily menu, including snacks, for each resident shall meet the current guidelines of the U.S. Department of Agriculture's food guidance system **or the dietary allowances of the Food and Nutritional Board of the National Academy of Sciences**, taking into consideration the age, sex and activity of the resident.

620 Menus for meals and snacks (3)

NEW STANDARD

G. There shall be **on-site quarterly oversight of special diets** by a dietitian or nutritionist, each of whom must meet the requirements of § 54.1-2731 of the Code of Virginia and 18 VAC 75-30, Regulations Governing Standards for Dietitians and Nutritionists. The quarterly oversight shall **include a review of the physician's or other prescriber's order and the preparation and delivery of the special diet for each resident who has such a diet. The quarterly oversight shall also include an evaluation of the adequacy of each resident's special diet and the resident's acceptance of the diet...**

620 Menus for meals and snacks (4)

NEW STANDARD

H. A copy of a diet manual containing acceptable practices and standards for nutrition shall be kept current and on file in the dietary department.

620 Menus for meals and snacks (5)



NEW STANDARD

- I. Hydration. The facility shall make drinking water readily available to all residents. Direct care staff shall know which residents need help getting water or other fluids and drinking from a cup or glass. Direct care staff shall encourage and assist residents who do not have medical conditions with physician or other prescriber ordered fluid restrictions to drink water or other beverages frequently.**

630 Medication management plan and reference materials

CHANGE

A. 4. Methods to ensure that each resident's prescription medications and any over-the-counter drugs and supplements ordered for the resident are filled and refilled in a timely manner to avoid missed dosages;

630 Medication management plan and reference materials (2)

NEW STANDARD

A.10. Methods to ensure that residents do not receive medications or dietary supplements to which they have known allergies...

630 Medication management plan and reference materials (3)

C. The plan and subsequent changes shall be reviewed as part of the department's regular inspection process.

630 Medication management plan and reference materials

(4)

D. In addition to the facility's written medication management plan, the facility shall maintain, as reference materials for medication aides, a current copy of "A Resource Guide for Medication Management for Persons Authorized Under the Drug Control Act", approved by the Virginia Board of Nursing **[until such time as registration of medication aides is enforced]**, and at least one pharmacy reference book, drug guide or medication handbook for nurses that is no more than two years old.

640 Physician's or other prescriber's order

D. Physician's or other prescriber's oral orders shall:

- 1. Be charted by the individual who takes the order. That individual must be one of the following:**
 - a. A licensed health care professional acting within the scope of his profession; or**
 - b. An individual who has successfully completed the medication training program developed by the department and approved by the Board of Nursing medication aide.**
- 2. Be reviewed and signed by a physician or other prescriber within 10 working days.**

650 Storage of medications

CHANGE

A.2. Schedule II drugs and any other drugs subject to abuse must be kept in a separate storage compartment, e.g., a locked cabinet within a locked storage area or a locked container within a locked cabinet or cart, except when the facility uses a unit dose packaging system in which the quantity stored is minimal and a missing dose can be readily detected.

660 Qualifications, training, and supervision of staff administering medications

NEW STANDARD

- 1.b. (i) Have successfully completed one of the five requirements specified in 22 VAC 40-72-250 C 1 through 5 and (ii) have successfully completed the medication training program developed by the department and approved by the Board of Nursing...(cont.)**

660 Qualifications, training, and supervision of staff administering medications (2)

1.b. (i) continued:

EXCEPTION: Staff responsible for medication administration prior to (*the effective date of these standards*) who would otherwise be subject to completion of one of the five requirements specified in 22 VAC 40-72-250 C 1 through 5 do not have to meet any of the requirements listed in 22 VAC 40-72-250 C 1 through 5 in order to administer medication.

660 ...supervision of staff administering medications (3)

NEW STANDARD

- 4. Medication aides shall be supervised by:**
 - a. A licensed health care professional, acting within the scope of the requirements of his profession;**
 - b. The administrator who has successfully completed the medication training program approved by the Board of Nursing; or**
 - c. The designated assistant administrator, who meets the qualifications of the administrator, who has successfully completed the medication training program approved by the Board of Nursing.**

670 Administration of medications and related provisions

CHANGE

B. All medications shall be removed from the pharmacy container by an authorized person and administered by the same authorized person **not earlier than 1 hour before and not later than 1 hour after the facility's standard dosing schedules**, except those drugs that are ordered for specific times, such as before, after or with meals. **Pre-pouring** for later administration is **not permitted**.

670 Administration of medications and related provisions (2)

CHANGE

H. The facility shall document on a medication administration record (MAR) all medications administered to residents, including over-the-counter medications, **and dietary supplements**. The MAR shall include:

12. **Description of significant adverse effects suffered by the resident;**

670 Administration of medications and related provisions (3)

CHANGE

L. Stat-drug boxes may only be used when the following conditions are met:

- 1. There is an order from the prescriber for any drug removed from the stat-drug box; and**
- 2. The drug is removed from the stat-drug box and administered by a nurse, pharmacist or prescriber licensed to administer medications.**

Stat-drug boxes are subject to the conditions specified in 18 VAC 110-20-550 of the regulations of the Virginia Board of Pharmacy.

FYI

Guidance documents and sample forms